

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 4, 1991

ALL COUNTY LETTER NO. 91-10

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF FOOD STAMP ISSUANCE AND ISSUANCE  
LIABILITY #2 - RDB #0190-03

REFERENCE: ALL COUNTY INFORMATION NOTICE NO. I-15-90, DATED  
MARCH 6, 1990

The purpose of this letter is to provide County Welfare Departments (CWDs) with information and instructions concerning the implementation of Food Stamp regulation changes contained in the above referenced regulation package. This letter also transmits a revised DFA 303 (10/90), Replacement Affidavit/Authorization Form and related information.

The regulations have been filed with the Office of Administrative Law and will be effective March 1, 1991. In addition to clarifying certain provisions, the regulations contain numerous technical changes involving terminology and definitions. Some of the major revisions are described as follows:

Manual Section 63-301.2

The current two-day mail standard to ensure sufficient time for the household to participate within the 30 day standard has been revised. The CWD must now determine a time frame that will permit the household sufficient time in which to participate before the 30 day period expires.

Manual Section 63-402.613

Households may authorize any individual (not disqualified from the Food Stamp Program) to use their ID card and obtain benefits or purchase food or meals for the household.

Manual Section 63-601.211

CWDs may contract with a retail food firm for issuance services if needed to maintain or increase the efficiency and effectiveness of operating the Food Stamp Program.

### Manual Section 63-602.11

This section revises terminology regarding types of issuance systems. The "Authorization to Participate (ATP) System" is now referred to as the "Authorization Document (AD) System". Additionally, what is referred to currently as an ATP mail issuance system, has been incorporated into the definition of an AD system. As a result, a "Mail Issuance System" is now defined as a system that directly delivers coupons through the mail to households. Finally, this section adds the "Direct Access System" as a type of issuance system. This system encompasses automated on-line issuance and manual household issuance record (HIR) systems.

### Manual Sections 63-602.311

This section establishes validity periods in situations where benefits are issued for both the month of application and the subsequent month at the same time.

When a household receives two allotments at one time in the form of a combined allotment, the validity period shall continue until the end of the next issuance month. When the two allotments are issued separately, the validity period for the first allotment shall continue until the end of that issuance month and the validity period for the second allotment shall continue until the end of the next issuance month. Households which do not transact their benefits during the validity period will lose their entitlement to the benefits.

### Manual Section 63-602.4

CWDs may stagger issuance activities throughout the entire month as long as no more than 40 days elapse between any two issuances provided to a household participating longer than two consecutive, complete months.

### Manual Section 63-602.5

Requires that, in an over-the-counter issuance operation, the issuance agent must compare the signatures on the issuance document(s) and the ID card before issuing benefits. If the signatures do not match, the issuance shall not be made.

### Manual Section 63-602.612

Homeless recipients may request and receive all or part of their coupons in the one dollar denomination.

Manual Section 63-603.13 through .146

In the area of replacements, the concept of "countable" versus "noncountable" is introduced. A replacement issuance or authorization is considered countable if it results in duplicate benefits being issued or in certain situations, a Program loss.

Manual Section 63-603.2

This section specifies limitations under which countable replacements shall be made. Households are allowed two countable replacement issuances or authorizations within a six-month period. No limit is placed on the number of noncountable replacements.

Manual Section 63-603.3

CWDs must provide the affidavit to the household immediately after the loss is reported. If mailed to the household, the signed affidavit shall be received by the CWD within 10 days of the date of the report or no replacement shall be made. The affidavit shall be considered timely if received the day after a weekend or holiday when the tenth day falls on a weekend or holiday.

Manual Section 63-603.4

CWDs are required to provide a replacement issuance or authorization within ten days of the report of the loss (15 days if the issuance was made by certified or registered mail) or within two working days of receiving the signed statement (DFA 303), whichever is later.

Manual Section 63-603.53

This section clarifies that the required "alternate" issuance system for households reporting nonreceipt of mail issuance, is an over-the-counter system. Placing the household on a different type of mail issuance ( i.e., certified or authorization document mail) would not meet this requirement.

Manual Section 63-603.7 through .74

This section requires documentation and reconciliation of replacements.

Manual Sections 63-703.1 through .33

These sections clarify reconciliation processes for the appropriate type of issuance system employed by the CWD. All issuance systems shall reconcile issuances daily and report on the FNS 46 monthly. Therefore, in HIR systems, there will no longer be a semiannual comparison of the active and inactive HIR cards against the case files.

Manual Section 63-704.11

This section specifies that FNS must be notified 30 days in advance of changes in project areas, issuance points, replacement points and bulk storage reporting points.

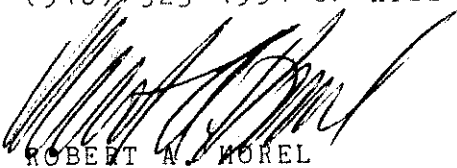
Manual Section 63-706.1

FNS approval will no longer be needed for destruction of coupons/books not returned to inventory.

Form Changes

The DFA 303 (10/90), Replacement Affidavit/Authorization Form, has been revised in order to incorporate the requirement (M.S. 63-603.3) to "sign and return the form within 10 days of your reported loss or no replacement can be made." Other changes include reformatting into two columns and language simplification. The DFA 303 (10/90) should not be used prior to implementation of the regulations discussed in this letter. Other implementation issues and forms instructions for the eligibility worker are provided as separate attachments to this letter.

If you have questions regarding the regulations, please contact Michael Papin of the Welfare Policy Implementation Bureau at (916) 324-6584 or ATSS 454-6584. Questions concerning the DFA 303 should be directed to Elizabeth Allred at (916) 323-4954 or ATSS 473-4954.



ROBERT A. MOREL  
Deputy Director

Enclosure

## DFA 303 (10/90) IMPLEMENTATION ISSUES

1. The DFA 303 (10/90) should not be used prior to implementation of the regulations discussed in this letter. State produced stock will not be available until March 1991. Until this stock is available CWDs may continue to use up old stock of the DFA 303. However, stock of the prior version must be modified to inform households of the appropriate time frame for returning the signed form to the County if the affidavit is mailed to the household.
2. Reproducible copies of the English and Spanish language versions of the DFA 303 are attached to this letter. CWDs may obtain a camera-ready copy of the English and Spanish versions from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738. Reproducible copies of the translations in Lao, Cambodian, Chinese, and Vietnamese have been forwarded to the County Forms Coordinator by the Language Services Bureau.
3. CWDs that have an alternative issuance system may wish to preprint (on the blank lines after the check boxes in Sections A, B, etc.) the name/type issuance system, e.g., FAIR, FSOLIS, etc.
4. The term "Authorization to Participate" and its abbreviation "ATPs" have been retained on the form.
5. CWD replacement action cannot be delayed or denied if household fails or refuses to sign Section B acknowledging receipt of the replacement.
6. Manual Section 63-603.7 requires that the County record the replacements granted to the household, the reason, the month, and whether the replacement is countable. Case file documentation may be recorded exclusively on the DFA 303, on a case action sheet maintained in the case file, notations on the master issuance file (if readily available), or another document maintained solely for this purpose.
7. County Use Only Sections C and D may be modified according to internal county needs. No waiver is necessary.

FORM INSTRUCTIONS  
(FOR CWD)

REPLACEMENT AFFIDAVIT/AUTHORIZATION DFA 303 (10/90)

The DFA 303 is a required affidavit completed by the household or authorized representative in order to initiate a request for a replacement of the lost, stolen, or destroyed Authorization Documents (ADs)/food coupon books/food. It is also used by the County to document each request for replacement, the date, the reason and the disposition of the request. Additionally the DFA 303 is used to obtain the household's acknowledgment for any over-the-counter replacement provided to the household.

A household member or the authorized representative usually completes the DFA 303 in the county office, except that regulations provide that the DFA 303 may be mailed to the household if the household is unable to come into the office because of age, handicap or distance from the office and is unable to appoint an authorized representative. However, no replacement shall be made if the signed DFA 303, is not received by the county within 10 days of the date of the report of the loss or on the day after a weekend or holiday, if the 10th day falls on a weekend or holiday.

Preparation:

Complete an original and one copy if the individual is requesting the replacement in person. One additional copy should be completed for pending if the form will be mailed to the household for completion. The affidavit must be provided to the household for signature immediately after the loss is reported.

Enter case identifying information in the County Use Only section.

Part A - Household Affidavit

- o Prior to furnishing the DFA 303 to the claimant, enter the County's return address in Section A in the space immediately above the household's affidavit declaration. Any non-ATP County may enter on the blank lines after the check boxes in Sections A, B, etc., the name/type issuance system, e.g., FAIR, FSOLIS, etc.
- o The CWD must ensure that the claimant completes Part A with all appropriate information, and then signs and dates the affidavit.

### Part B - Acknowledgement of Receipt (Over-the-Counter)

Complete the type and amount of the replacement and obtain a signature from the household member or authorized representative when the replacement is made by an over-the-counter transaction. If the household refuses to sign Part B acknowledging receipt of the replacement, annotate the form appropriately.

### Part C - Benefit Loss

- o Check the applicable boxes for the type of loss being reported and the method of issuance.
- o Annotate the date of the original issuance, the date the loss was reported, value of the allotment, source of verification, and the date that it was determined that the reported loss was not returned (except for disasters).

### Part D - Replacement Verification

A replacement issuance or authorization must be provided within 10 days of the report of the loss (15 days if the issuance was made by certified or registered mail) or within two working days of receiving the signed DFA 303, whichever is later.

- o Determine if the loss is countable or noncountable. You may annotate the DFA 303 in any white space; i.e., below the authorization signature/date.
- o Include amounts of countable or noncountable issuances previously issued during the prior 6 month period.
- o If the replacement is approved, check the Approved box and annotate type and amount of Authorized Replacement.
- o If the replacement request is denied, check the Denied box, and provide a reason in the space provided.
- o Annotate the name of the person authorizing or denying the request and date the form.

### NOTE:

If the household has not been issued the maximum allowable number of countable replacement issuances or authorizations, check the "Determination Pending" box if a replacement is to be issued prior to a determination that the loss is countable or when one prior loss occurred but it is not known whether the replacement was countable.

If the household has already been issued the maximum allowable number of countable replacement issuances or authorizations, a subsequent replacement shall be delayed until it can be verified that the replacement issuance or authorization will not be countable. Delays may also occur pending reconciliation and posting of transactions when it is not known whether prior replacement(s) were countable.



# REPLACEMENT AFFIDAVIT/AUTHORIZATION (DFA 303)

**Instructions:** In Part A check which box(es) apply to you, sign and return this form within 10 days of your reported loss or no replacement can be made.

## PART A - HOUSEHOLD AFFIDAVIT

I, \_\_\_\_\_,  
declare that the household:

- ☐ **Did not get in the mail**  
☐ Authorization to Participate Card (ATP) or other Authorization Document (AD)  
☐ \_\_\_\_\_  
☐ Food Coupon Book(s) for the period of \_\_\_\_\_

at Mailing Address (Number, Street, P.O. Box)

City State Zip

Home Address (If Different) (Number, Street)

City State Zip

- ☐ **Got an ATP/AD for the period of \_\_\_\_\_**  
but it was: ☐ Stolen ☐ Destroyed ☐ Other
- ☐ **Got Food Coupon Book(s) for the period of \_\_\_\_\_**  
but they were destroyed. Amount destroyed \$ \_\_\_\_\_
- ☐ **Bought food with Food Coupon Book(s), but the food was destroyed.** Amount destroyed \$ \_\_\_\_\_
- ☐ **Other**

What Happened and When:

I also declare that if at any time I get the above described ATP/AD/Food Coupon Book(s), I will return it to:

I declare the above statement is true and correct to the best of my knowledge. I also understand that if I give wrong or incomplete facts I may be disqualified from the Food Stamp Program, fined, imprisoned, or all three.

SIGNATURE OF RESPONSIBLE HOUSEHOLD MEMBER OR  
AUTHORIZED REPRESENTATIVE

DATE

## PART B - ACKNOWLEDGEMENT OF RECEIPT (OVER THE COUNTER)

I certify that I got a replacement in the amount of \$ \_\_\_\_\_

- ☐ ATP/AD ☐ Food Coupon Book(s)  
☐ \_\_\_\_\_

SIGNATURE OF RESPONSIBLE HOUSEHOLD MEMBER OR AUTHORIZED  
REPRESENTATIVE (WHO GOT REPLACEMENT)

DATE

## COUNTY USE ONLY

Case Name:  
Case Number:  
Worker:  
Date DFA 303 Received:

## PART C - BENEFIT LOSS

Loss: ☐ ATP/AD ☐ Food Coupon Book(s) ☐ Food  
 Issuance: ☐ Certified/Registered Mail ☐ Regular Mail ☐ OTC  
 Date Original Benefit Issued: \_\_\_\_\_ Date Loss Reported: \_\_\_\_\_

Type of Loss/Disaster: \_\_\_\_\_ Value of Food Coupon Allotment:  
 \$ \_\_\_\_\_

Source of Verification: \_\_\_\_\_

Confirmed that reported loss was not returned on \_\_\_\_\_  
 (Date)

## PART D - REPLACEMENT AUTHORIZATION

Other replacements received by the household during the last 6 months:

- ☐ Countable (Loss to CWD) \$ \_\_\_\_\_  
☐ Noncountable (No Loss to CWD) \$ \_\_\_\_\_  
☐ Determination Pending

- ☐ **APPROVED**  
☐ ATP Serial No.: \_\_\_\_\_ Authorized Replacement Amount  
 \$ \_\_\_\_\_  
☐ Food Coupon \$ \_\_\_\_\_  
☐ \_\_\_\_\_ \$ \_\_\_\_\_

- ☐ **DENIED**  
 Reason for Denial (Explain): \_\_\_\_\_

NAME OF PERSON AUTHORIZING/DENYING REQUEST

DATE

# DECLARACION SOBRE REPOSICION/AUTORIZACION (DFA 303)

**Instrucciones:** En la parte A marque las casillas que aplican al caso de usted, firme y devuelva esta forma en un término de 10 días a partir de la fecha en que reportó su pérdida o no se hará la reposición.

## PARTE A - Declaración del hogar

Yo, \_\_\_\_\_  
 declaro que el hogar:

- ☐ **No recibió en el correo**  
☐ La tarjeta de Autorización para Participar (ATP) u otro documento de autorización (AD)  
☐ Cuaderno de cupones para alimentos para el período de \_\_\_\_\_

en la dirección para el correo (número, calle, P.O. Box)

Ciudad Estado Zona postal

Dirección del hogar (si es diferente) (número, calle)

Ciudad Estado Zona postal

- ☐ **Recibió una ATP/AD para el período de \_\_\_\_\_**  
 pero fue: ☐ Robada ☐ Destruída ☐ Otro  
☐ **Recibió cuaderno(s) de cupones para el período de \_\_\_\_\_**  
 pero fue destruido. Cantidad destruida \$ \_\_\_\_\_  
☐ **Compró comida con los cuadernos de cupones, pero la comida fue destruida. Cantidad destruida \$ \_\_\_\_\_**  
☐ **Otro**

¿Qué pasó y cuándo?:

También declaro que si en cualquier momento recibo la ATP/AD o cuadernos de cupones para comida que se mencionan arriba, los regresaré a:

Afirmo que la declaración anterior es verdadera y correcta según mi leal saber y entender. También declaro que si doy datos erróneos o incompletos, es posible que se me descalifique del Programa de Estampillas para Comida, multe, encarcele o se me apliquen las tres sanciones.

FIRMA DEL MIEMBRO DEL HOGAR RESPONSABLE, O REPRESENTANTE AUTORIZADO

Fecha

## PARTE B - CERTIFICACION DE HABERLAS RECIBIDO (EN PERSONA)

Certifico que recibí reposición por la cantidad de \$ \_\_\_\_\_

- ☐ ATP/AD ☐ Cuadernos de cupones de comida  
☐ \_\_\_\_\_

FIRMA DEL MIEMBRO DEL HOGAR RESPONSABLE, REPRESENTANTE AUTORIZADO (QUE RECIBIO LA REPOSICION)

Fecha

## SOLO PARA USO DEL CONDADO

Case Name:  
 Case Number:  
 Worker:  
 Date DFA 303 Received:

## PART C - BENEFIT LOSS

Loss: ☐ ATP/AD ☐ Food Coupon Book(s) ☐ Food Issuance: ☐ Certified/Registered Mail ☐ Regular Mail ☐ OTC  
 Date Original Benefit Issued: \_\_\_\_\_ Date Loss Reported: \_\_\_\_\_

Type of Loss/Disaster: \_\_\_\_\_ Value of Food Coupon Allotment: \_\_\_\_\_

\$ \_\_\_\_\_

Source of Verification: \_\_\_\_\_

Confirmed that reported loss was not returned on \_\_\_\_\_  
 (Date) (Date)

## PART D - REPLACEMENT AUTHORIZATION

Other replacements received by the household during the last 6 months:

- ☐ Countable (Loss to CWD) \$ \_\_\_\_\_  
☐ Noncountable (No Loss to CWD) \$ \_\_\_\_\_  
☐ Determination Pending

### ☐ APPROVED

☐ ATP Serial No.: \_\_\_\_\_ Authorized Replacement Amount \$ \_\_\_\_\_  
☐ Food Coupon \$ \_\_\_\_\_  
☐ \_\_\_\_\_ \$ \_\_\_\_\_

### ☐ DENIED

Reason for Denial (Explain):

NAME OF PERSON AUTHORIZING/DENYING REQUEST

DATE